

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009929

Entity Name: PAVILION INFUSION THERAPY, INC.**Current Principal Place of Business:**3563 PHILIPS HIGHWAY - SUITE 202
JACKSONVILLE, FL 32207**Current Mailing Address:**3563 PHILIPS HIGHWAY - SUITE 202
JACKSONVILLE, FL 32207 US**FEI Number:** 59-3361021**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRANGER, HARVEY
841 PRUDENTIAL DR.
SUITE 1802
JACKSONVILLE, FL 32207 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DVT
Name	DURKIN, CHRISTOPHER
Address	3563 PHILIPS HIGHWAY,SUITE 608
City-State-Zip:	JACKSONVILLE FL 32207

Title	S
Name	BAITY, G. SCOTT
Address	841 PRUDENTIAL DRIVE SUITE 1802
City-State-Zip:	JACKSONVILLE FL 32207

Title	DP
Name	WOOTEN, SCOTT
Address	841 PRUDENTIAL DRIVE SUITE 1602
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	WILBANKS, JOHN F
Address	841 PRUDENTIAL DRIVE SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT WOOTEN

P

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date